CENTER	S FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	OMB NO 034-0391  TIPLE CONSTRUCTION MAR 1.4 2011 OMPLETIED				
ND PLAN OF	of Deficiencies Correction	IDENTIFICATION NUMBER:	A. BUILDING					
	!	185264	B. WING	02/28/201				
IAME OF PE	ROVIDER OR SUPPLIER		s	REET ADDRESS. CITY DIVISION Of Health Care 203 BRUCE COLSTUNIEN, Enforcement Branch				
	STON HEALTH CAR	ECENTER		DANVILLE, KY 40423				
				PROVIDER'S PLAN OF CORRECTION (X5)				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)			CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 000	INITIAL COMMEN	TS	F 00	siled However submission of the Plan of				
	An abbreviated standard survey (KY15880) was conducted on February 22-23, 2011. The allegation was substantiated. Deficient practice was identified with the highest scope and severity			Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to most requirements established by State and Pederal law.				
SS=D	being at "D" level.  483.20(k)(3)(il) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			It is the policy of Charleston Health Care Center to ensure residents are provided services in accordance with each resident's written plan of care.				
				Resident #2: On 2/24/11, Charleston Health Care Center began turning and/or repositioning the resident every 2 hours pursuant to the resident's written plan of care. In addition, on 2/24/11, shift nurses began maniforing compliance with the patient				
	This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, it was determined the facility failed to provide services to residents in accordance with each resident's written plan of care. Resident #2 and resident #3 had a written plan of care for staff to turn and reposition the residents every two hours. However, observations revealed the residents were not turned or repositioned for four			repositioning schedules. As such, Charleston came into full compliance on 2/24/11.  Specifically, the resident's written plan of care was roviewed and it was determined that the resident requires extensive assistance of two staff persons for bed mobility and transfers. Due to the resident's limited physical mobility, the resident is at risk for skin breakdown. As an intervention, Charleston Healthcare will turn and/or reposition the resident every 2 hours.				
	hours on Februar The findings inclu	y 22, 2011. ude:		In addition, in order to ensure future compliance. Charleston will implement policies, procedures, and actions that exceed the necessary requirements for compliance.				
	revealed the resion January 3, 20 Diabetes, Hypert Accident, Delusion Review of reside	sident #2's medical record dent was admitted to the facility 11, with diagnoses of Paranoia, ension, Cerebral Vascular ons, and Psychosocial Stressors. It #2's admission assessment 3, 2011, revealed the resident		Specifically, Charleston has updated its Decubitus Prevention and Care policy and developed a new Thun Reposition Record Form on 3/11/11. This updated policy and new form will be given to all clinical staff on 3/16/11. Further, an in-service will be conducted on 3/16/11 for all CNR's, KMA's, LPN's, and RN's				
	required extensive persons for bed	ve assistance of two staff mobility and transfers. The sament revealed the resident was purpled supplier representative's same and the	,	regarding the new repositioning log sheet requirements.				

Any deficiently statement ending with an asterisk () denotes a deficiency which the institution may be excused from correcting providing it is determined that other sategrands provides unficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days other sategrands provides unficient protection to the patients. (See Instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction is requisite to continued that these documents are made evaluable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. program participation.

FORM CMS-2567(02-89) Previous Versions Obsoleta

Event ID: 19T011

Facility ID: 100037

If continuation sheet Page 1 of 4

PRINTED: 03/03/2011

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM A OMB NO. 0	988-0391	
CENTER	S FOR MEDICARE	8 MEDICAID SERVICES	/X23 M	KULTIF	PLE CONSTRUCTION	(X3) DATE SUP	IVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264		A. BUILDING			C			
		406064	B. WING			02/23/2011		
		103264	ـــــــــــــــــــــــــــــــــــ	et0	EET ADDRESS, CITY, STATE, ZIP CODE	-		
NAME OF P	ROVIDER OR SUPPLIER			20	03 BRUCE COURT, PO BOX 425			
CHARLE	STON HEALTH CAR	E CENTER		ם	ANVILLE KY 40423			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY DE ISC INENTIFYING INFORMATION)		PRE	-}X	: ACTION SH	ひいしつ おき こうき	(20) COMPLATION DATE		
PREFIX TAG	Continued From particles of the development of the crease of the staff applied a back. The will also p.m. A skin observation of turned and until 5:00 p.m. A skin observation of the crease of the staff applied a back. A review of resident on May 16, 2007, the other orders of the crease of the staff applied a back.	age 1 dopment of pressure ulcers but seure ulcer at this time.  In #2's plan of care dated revealed a problem area sident's risk for skin breakdown in for the resident to be turned overy two hours.  In the resident to be turned overy two hours.  In bed lying on the resident's rations revealed the resident in repositioned from 12:40 p.m., revealed no skin breakdown observation revealed redness to resident's buttocks, to which rier cream.	PREFIX TAG		CROSS-REFERENCED TO IME APP DEFICIENCY)  On 3/16/2011, clinical staff will Inewly developed Turn Repositioning Each rum and/or repositioning will be logged on this form and staff person completing the turn shift rurse will monitor compliance and signing these forms at the eto indicate the repositioning and thereof, has been completed compliance, the DON will consudit sampling with these naddit sampling with these naddit sampling with these natequirements on a weekly basis.  Rosident #3: On 2/24/11, Charloston Health began turning and/or reposition every 2 hours pursuant to the repositioning schedules in Charleston came into full and compliance to the resident requires extensive as staff persons for bed mobility and to the resident's limited physic	PROMDER'S PLAN OF CORNECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  On 3/16/2011, clinical staff will begin using the newly developed Turn Reposition Record Form. Each turn and/or repositioning of the resident will be logged on this form and initialed by the staff person completing the turn. Further, the shift nurse will monitor compliance by reviewing and signing these forms at the end of each shift to indicate the repositioning and documentation thereof, has been completed. To ensure compliance, the DON will conduct a random audit sampling with these new procedural requirements on a weekly basis.  Rosident #3:  On 2/24/11, Charloston Health Care Center began turning and/or repositioning the resident every 2 hours pursuant to the resident's written plan of care. In addition, on 2/24/11, shift nurses began monitoring compliance with the patient repositioning schedules in use. Thus, Charleston came into full compliance on 2/24/11.  Specifically, the resident's written plan of care was reviewed and it was determined that the resident requires extensive passistance of two staff persons for bed mobility and transfers. Due to the resident's limited physical mobility, the resident is at risk for skin breakdown. As an		
	Hernia, Peripheral Neuropathy, Alzheimer's, and Depression. Review of resident #3's significant change assessment dated February 7, 2011, revealed the resident required extensive assistance of two staff persons for bed mobility and transfers. The assessment revealed the resident was at risk for the development of pressure ulcers but did not have a pressure ulcer at this time.  A review of resident #3's plan of care dated February 17, 2011, revealed a problem area addressing the resident's risk for skin breakdown.				In addition, to further assure fur Charleston will implement policiand actions that exceed requirements for compliance.  Specifically, Charleston has Decubitus Prevention and Codeveloped a Turn Reposition 13/11/11. This updated policieveloped form will be given to	ies, procedure the nocessa updated are policy at Ropord Form cy and new o all clinical st	its nd on on	
					on 3/16/11. Further, an in- conducted on 3/16/11 for all LPN's, and RN's regarding the n log sheet requirements.	CNA's, KMA	ng	

FORM CMS-2567(G2-99) Previous Versions Obsolete

Event JD: 197011

Facility ID: 100037

	1				•	PRINTED:	03/03/2011 APPROVED
DEPART	MENT OF HEALTH	AND HUMAN SERVICES				OMB NO.	0938-0391
CENTERS FOR MEDICARE &		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		ULTIM LDING	E CONSTRUCTION	(X3) DATE SU COMPLE	reb
		185264		NG	<b>_</b>	0 <u>2/23/2011</u>	
		183204		STIZE	ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER	•		20:	3 BRUCE COURT, PO BOX 426		
CHARLE	STON HEALTH CAR	E CENTER		D/	ANVILLE, KY 40423		: (6)
(X4) ID PREFIX TAG	ACCOUNTAGE TO SEND	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE API DEFIDIENCY)	IUULU DE	COMPLETION DATE
	Continued From p with an interventio and repositioned of 12:40 p.m., 2:10 p resident #3 in bed The observations turned and reposi 4:35 p.m.  A skin observation 2011, at 5:10 p.m or redness noted. Interviews conduc 2:25 p.m. with LP #1, at 4:20 p.m. v with SRNA #2 rev bed were require every two hours t Interview with LP LPNs monitored turns every two h Turn sheets in th there were no Sc #2 and resident to An interview con 5:46 p.m., with th monitored to ens and repositioned rounds on the ha DON also check ensure staff was residents every to	age 2 In for the resident to be turned every two hours.  ducted on February 22, 2011, at p.m., and 4:35 p.m., revealed living on the resident's back. revealed the resident was not tioned from 12:40 p.m. until in conducted on February 22,, revealed no skin breakdown of the february 22,, revealed no skin breakdown of the february 22, 2011, at the first state of the february 22, 2011, at the first state of the first state		282	On 3/16/2011, clinical staff will use the new Turn Reposition Recturn and/or repositioning of a logged on this form and initial person completing the turn. It murse will monitor compliance be signing these forms at the endocumentation of such, has be further. The DON will slee compliance to sampling audit to ensure complete the requirements on a weekly had the requirements on a weekly had residents for the risk of sking admission, readmission, chenging well as on a quarterly basis. If that the resident is at risk for they will also be prurning/repositioning schedul documented on the new Turn Form.  Shift nurses will monitor compatient repositioning log and well of each shift that the resident in the resident sample of each shift that the resident repositioning log and well on a weekly basis to do with these new procedural requirementation thereof, has audit on a weekly basis to do with these new procedural requirementation in the polyment of the new Turn form.  In addition, on 3/11/11, Char Decubitus Prevention and previously dated August 7, 200	resident will is led by the st urther, the st urther, the st y reviewing a led of each st less in complete induct a randt itance with the less and review in breakdown e of condition it is determined in the less in breakdown is the less in breakdown in breakdown in breakdown in less in breakdown in less in breakdown in less in breakdown in less	en be be cord d its
	Lower solicy date	cility's Decubitus Prevention and d August 7, 2003, revealed essure sores was always easier		÷	Prestones) and		3/15/11

FORM CM3-2567(62-69) Previous Versions Obsolete

Event ID: 197011

Facility ID: 108037

If continuation sheet Page 3 of 4

EPARTI	MENT OF HEALTH	AND HUMAN SERVICES			FORM OMB NO.	03/03/2011 APPROVED 0938-0391	
CENTERS FOR MEDICARE & MEDICARD SERVICES  1 A FEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPLIER/CLIA IDENTIFICATION NUMBER:		& MEDICALD SERVICES	(X2) MULTIP	LE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED	
		B. WING		4	C 02/23/2011		
ME OF PE	ROVIDER OR SUPPLIER	185264	STR	EET ADDRESS, CITY, STATE, ZIP COI 13 BRUCE COURT, PO BOX 426	DE		
	STON HEALTH CAR	E CENTER	ט	ANVILLE, KY 40423	THE TION	(XS)	
X4) ID REFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COT (EACH CORRECTIVE ACTION CROSS-REFURENCED TO THE DEFICIENCY)	1 H) 4 K K K K K K K K K K K K K K K K K K	COMPLETION DATE	
F 282	policy, the most in included: 1) Frequency two hours to	sure sore. According to the apportant aspects of prevention uent changes in body position by resident or staff), 2) Good and bedding clean/dry lik care), and 3) Medications	F 282				
•			1	Facility ID: 100037	at Manufich	n sheet Page 4 c	

Pase:5/17